



CHRIS CHRISTIE
Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Dentistry
124 Halsey Street, 6th Floor, Newark, NJ 07102

Via Certified and Regular Mail

KIM GUADAGNO
Lt. Governor

August 15, 2011



PAULA T. DOW
Attorney General

THOMAS R. CALCAGNI
Director

Lewis Bonaccolta
Dun-Well Dental Lab
170 Sterling Avenue
Jersey City, NJ 07305

RECEIVED AND FILED
WITH THE
N.J. BOARD OF DENTISTRY
ON 8-26-11 DA

Mailing Address:
P.O. Box 45005
Newark, NJ 07101
(973) 504-6405

**RE: OFFER OF SETTLEMENT IN LIEU OF
FORMAL ACTION – File #73993
In the Matter of the Unlicensed Practice of
Lewis Bonaccolta**

Dear Mr. Bonaccolta:

The New Jersey State Board of Dentistry (“Board”) received notice that you were the subject of an investigation by the Enforcement Bureau, a part of the Division of Consumer Affairs. An undercover investigation, including covert visits to your address in Jersey City, disclosed that you agreed to fix the dentures presented by the undercover investigator without a dentist being present in the lab, and without a prescription or written order from a dentist. These allegations would support the initiation of civil or administrative proceedings seeking injunctive and other relief based on the unlicensed practice of dentistry in this State.

After reviewing the information available, the Board has determined that it will assess a total penalty of \$5,000 for the unlicensed practice of dentistry, but hold \$2,500 in abeyance for five (5) years, to be waived if no further violations are reported during that time. Additionally, in lieu of paying the remaining portion of the penalty, the Board offers you the opportunity to provide dental lab services pursuant to a prescription from a dentist through the Donated Dental Services in the amount of \$2,500. Please review the terms contained in this letter and if you agree, sign the attached “Acknowledgment and Agreement” and return it to the Board. This letter and the signed Acknowledgment and Agreement will be considered the equivalent of an order of the Board and will be public information. Once signed, failure to comply with the terms of this agreement will result in further action and additional sanctions.

By resolving this matter through signing the Acknowledgment and Agreement, you will:

1. Admit that you engaged in the unlicensed practice of dentistry in New Jersey and agree to immediately cease and desist from practicing dentistry or otherwise holding yourself out as a dentist in this State. This includes offering or performing any services defined as the practice of dentistry in the Dental Practice Act, specifically, N.J.S.A. 45:6-19, unless and until you hold a valid and active license issued by the Board.

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2. Agree to the assessment of a civil penalty of \$5,000. You will begin to pay \$2,500 with one payment of \$500, and ten monthly payments of \$200 thereafter. The Board will stay the collection of the remaining \$2,500 of the penalty for a period of five (5) years. If during that five year period, you are found to have engaged in the unlicensed practice of dentistry, the total amount of the \$5,000 penalty will be due immediately. If, at the end of the five year period, you have not violated this agreement or any law or regulation administered by the Board, the remaining \$2,500 civil penalty assessed by this agreement will be vacated. You acknowledge and understand the Board will pursue additional sanctions, including enhanced penalties, costs, attorney's fees, and contempt based on any new violation.

3. In lieu of paying the civil penalty, you agree to provide dental lab services pursuant to valid prescriptions from a licensed dentist through the Donated Dental Services in the total amount of \$2,500. You will provide copies of any agreements you enter with Donated Dental Services, prescriptions from dentists, invoices and other documents that verify that you have provided donated dental services in the total amount of \$2,500 to the Board.

4. Agree that should you make an application for licensure, you will appear before the Board to discuss your activities prior to licensure, including the actions leading to your arrest. You further agree and understand that should your application for a license be granted, the Board specifically reserves the right to impose restrictions on your practice as may be necessary to ensure the public health, safety, and welfare.

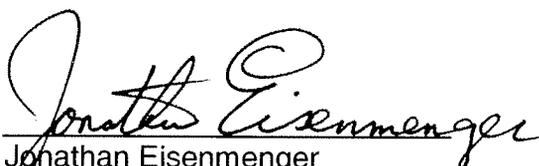
If you agree to these terms, sign the Acknowledgment and Agreement and return it to Jonathan Eisenmenger, Executive Director, New Jersey State Board of Dentistry, P.O. Box 45005, 124 Halsey Street, Newark, New Jersey 07101 the Board office for filing. Once filed, a copy will be forwarded to you. You may wish to consult with counsel regarding this offer of settlement.

This settlement offer will remain open to you for (15) days from the date of this letter. In the event that no response is received from you on or before Friday, May 27, 2011, the Board will deem its offer rejected and the offer will be withdrawn.

As stated above, should the Board file a civil or administrative action, it will seek penalties in excess of those offered in settlement and may seek an order requiring you to reimburse certain monies and/or requiring you to pay costs and attorney's fees.

Should you have any questions concerning this letter or the settlement offer, please do not hesitate to contact me at (973) 648-2500.

Sincerely yours,
NEW JERSEY STATE BOARD OF DENTISTRY

By: 
Jonathan Eisenmenger
Executive Director

ACKNOWLEDGMENT AND AGREEMENT

I, Lewis Bonaccolta, admit that I engaged in the practice of dentistry in New Jersey without having obtained a license to practice in this State as detailed in the letter of August 15, 2011.

I agree to cease and desist from engaging in the practice of dentistry or providing dental services unless and until I hold a valid and active license issued by the Board.

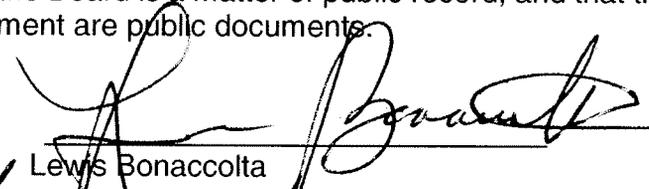
I agree to the assessment of a civil penalty of \$5,000 against me. I will begin to pay \$2,500 with one payment of \$500, and ten monthly payments of \$200 thereafter. I understand that the Board will stay the collection of the remaining \$2,500 of the penalty for a period of five (5) years. If during that five year period, I am found to have engaged in the unlicensed practice of dentistry, I understand that the total amount of the \$5,000 penalty will be due immediately. I understand that the Board may seek and impose additional relief based on the subsequent violation. I understand that if at the end of the five year period, I have not violated this agreement or any law or regulation administered by the Board, the remaining \$2,500 civil penalty assessed by this agreement will be vacated.

I agree that, in lieu of paying the civil penalty, I will provide dental lab services pursuant to valid prescriptions from a licensed dentist through the Donated Dental Services in the total amount of \$2,500. I will provide copies of any agreements I enter with the Donated Dental Services, prescriptions from dentists, invoices and other documents that verify that I have provided donated dental services in the total amount of \$2,500 to the Board.

I agree that if I engage in the practice of dentistry without a license to practice dentistry, I will be subject to additional sanctions, including injunctive relief, second offense penalties consistent with N.J.S.A. 45:1-25, attorney's fees, and costs.

I am aware that by signing this acknowledgment and agreement, I am certifying that I have read and understand the settlement proposal offered in the letter from the New Jersey State Board of Dentistry dated May 9, 2011. I understand that by signing this document, I am waiving any rights I may have to defend myself against the charges of wrongdoing. I am also aware that the action taken against me by the Board is a matter of public record, and that the letter and the Acknowledgment and Agreement are public documents.

SCHEDULED FEE
Payment of two hundred per month,
until two thousand five hundred
is SATISFIED.


Lewis Bonaccolta

Date 8/25/11

LB